



Atty. Dkt. No. 018733-0942

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hans J. HANSEN *et al.*

Title: USE OF BI-SPECIFIC  
ANTIBODIES FOR PRE-  
TARGETING DIAGNOSIS AND  
THERAPY

Appl. No.: 09/382,186

Filing Date: 08/23/1999

Examiner: D. Saunders

Art Unit: 1644

TECH CENTER 1600/2900

JAN 15 2003  
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**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.  
[ ] Small Entity statement is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	14	—	16	= 0 x \$18.00 =	\$0.00
Independents:	2	—	3	= 0 x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00 =	\$0.00
CLAIMS FEE TOTAL:					= \$0.00

[ X ] Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
<b>EXTENSION FEE TOTAL:</b>		\$110.00	
<b>CLAIMS AND EXTENSION FEE TOTAL:</b>		\$110.00	
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$55.00
<b>TOTAL FEE:</b>		\$55.00	

Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$55.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 10, 2003  
 FOLEY & LARDNER  
 Washington Harbour  
 3000 K Street, N.W., Suite 500  
 Washington, D.C. 20007-5143  
 Telephone: (202) 672-5569  
 Facsimile: (202) 672-5399

By Barbara A. McDowell Reg. No. 34,485  
 Barbara A. McDowell  
 Attorney for Applicants  
 Registration No. 31,640